Minutes of Meeting
California Health Policy and Data Advisory Commission
October 19, 2001

Chairman, Clark Kerr, called the meeting to order at 10:00 a.m. at the Hilton Hotel in Monterey, CA.

Present:
Maurice Alfaro, M.D.
Marjorie Fine, M.D.
Vito Genna
Janet Greenfield
Howard L. Harris, Ph.D.
Clark E. Kerr
A. Peter Kezirian, Esq.
Tom McCaffery
Hugo Morris
Jerry Royer, M.D., M.B.A.
Corinne Sanchez, Esq.

Absent:
M. Bishop Bastien
Marvin Karno, M.D.

Staff Present: David Carlisle, M.D., Loel Solomon, Ph.D., Mike Kassis, John Rosskopf, Esq., Beth Herse, Esq., OSHPD; Jacquelyn Paige, Anne Mox, CHPDAC

Approval of Minutes: Minutes were approved with minor amendments.

Chairman's Report:

- Chairman Kerr noted that while recent National tragedies have generated public concern, it is important to remember that many good programs are advancing and will benefit many people.
- OSHPD continues to do its part by speeding the timeliness of health information to the public, and by recently establishing the Healthcare Outcomes Center and the Patient Safety Center.
- A key objective of the Commission is to help the Office make these good services as tangible, as visible, and as beneficial as possible to the public, to clinicians, to policy makers and to healthcare purchasers.
- The Commission looks forward to hearing from Loel Solomon, Ph.D., as he tackles the realignment and strategic planning for the newly named division. The Health Policy and Planning Division has been renamed the Healthcare Quality and Analysis Division.

OSHPD Director's Report – David M. Carlisle, M.D., Ph.D.

- Dr. Carlisle introduced Loel Solomon, Ph.D., the new director of the Healthcare Quality and Analysis Division. Soon to arrive to the Office is Pablo Rosales, who will direct the Healthcare Workforce and Community Development Division. The Civil Rights Officer will hopefully be hired and on board shortly.
- The Office in Los Angeles has just relocated.

- Joan Mock has joined CHPDAC, and works as an analyst with the Committee for the Protection of Human Subjects.
- Racquel Lothridge has been hired as the new Executive Assistant for the Director's Office.
- Carmen Mercado from Health and Human Services Agency, and Public Information Committee member of the Commission, passed away very suddenly.
- John Rosskopf will be presenting a Charity Care Report later in the meeting.
- Safety Center – Andye Zach has taken the recommendations from the Committee to Advance Patient Safety, Privacy and Care (CAPSPAC) to determine what Office can accomplish and in what time frame. One of the first things we feel can be implemented is an award system to recognize hospitals that have made significant achievements in safety and innovation.

Legislation

The Governor signed into law the following legislation:

- AB 548 – charging the office with setting up a nonprofit foundation that will be privately funded to facilitate the distribution of specialists into rural California, or areas of the State that have trouble obtaining specialty services.
- AB 69XX – (XX- special session) providing the Governor or Director of the Office the authority to excuse from regulation long-term care facilities that may be specifically impacted by the energy crisis.
- AB 680 – sponsored by Consumer's Union, pushing the hospital outcomes reporting envelope in California. California recently became one of four states that will produce Outcomes Studies for Coronary Artery Bypass Graft Surgery, joining Pennsylvania, New York and New Jersey. Our study to date has been a voluntary participation effort unlike the other three states, however this bill will make it mandatory for any institution performing this type of surgery to submit data to the State for evaluation, in terms of an outcome report. It also requires that the State report outcomes at the level of the individual physician, and pushes back the sunset period for the Office.

There was a brief discussion regarding **Anthrax.**

- Dr. Carlisle mentioned that his Office is indirectly involved. He attended a meeting of the Bi-National Health Commission in Fresno. Dr. Julio Frank was there, and Dr. Carlisle stepped in for the DHS Director, who is spending much of her time involved with bio-terrorist meetings in California, and Washington DC. DHS historically has a more active role in terrorist events.
- It was mentioned that many patients are requesting antibiotics, which will become more of a problem. People can build up resistance to the antibiotics, as well as the fact that the drugs are very costly.
- There was a question of what our role should be in counteracting misinformation that people are getting. The suggestion of placing something on the Office web site to explain to the reality of the situation, with warnings that persons taking antibiotics when they don't need them can potentially harm them in the future, was supported by the Commission and the Director.

- Mike Kassis, Deputy Director, Healthcare Information Division, mentioned that many web sites have good advice, and he will explore linkages from Office to other accurate and informative sites. The Office is involved in the health and safety of Californians.
- Chairman Kerr expressed that the consensus of the group is to let people know that the Office and Commission are concerned with their safety.

MIR Cal (Medical Information Reporting for California)

Mike Kassis, Deputy Director, Healthcare Information Division, updated the Commission on the progress of Medical Information Reporting for California, (MIR Cal).

SB1973, passed a few years ago, requires the Office to change how it collects hospital discharge data, moving from a paper-based process to an on-line, automated editing process. Our current target date is for discharges for the first half of 2001, to be submitted online at the end of March 2002. The second half of 2001, July through December, will be submitted the end of May 2002. This places the Office 6 months ahead of schedule. In 2002, the first half of the year's data will be due in September, and the second half in March of the following year.

During the month of November, the Healthcare Information Division is starting a massive outreach training campaign, holding sessions for hospital staff at about 15 locations. The system itself should be up and running shortly after the first of the year – mid January. Hospitals will be encouraged to submit data on-line, make corrections online, and handle re-submissions online. Hospitals will be able to file reports well ahead of the March due date.

The Expanded Phase of MIR Cal is the reporting of emergency department encounter data as well as ambulatory surgery data in hospital outpatient surgery departments and free standing licensed surgical clinics (not doctor's offices). The delay in getting the on-line in-patient discharge data filing system operational is having an effect in getting the second two phases implemented this year. Some attention is being focused on data outreach, and vendors are working with Healthcare Information Resource Center staff to design query tools built right into the MIR Cal system. This will be a web-based system and will be accessible to the public, with security and confidentiality.

ALIRTS Project

The automated licensing, information and report tracking system has multiple purposes, as it looks at data silos in OSHPD. We are engaging in a process of a data crosswalk, to be able to use one database rather than five. It moves toward a web-based submission of utilization reports, the last paper report that is being submitted. We are working on prototypes for this on-line reporting system, so that facility staff will log in, enter data, and get immediate feedback for meeting criteria. We expect to have this up and running for at least one of the licensed

categories, probably clinics, by 2002. The SB 697 not-for-profit hospital community benefit reporting will also be placed on the web. Staff is looking at architecture for software, data administration, security reviews, and security audits, both electronic and paper, and other web development activities.

HCQAD Deputy Director's Report – Loel Solomon, Ph.D.
Realignment is underway, and the division formerly known as the Health Policy and Planning Division has been renamed the Health Care Quality and Analysis Division, complete with three centers.

The Outcomes Center has the responsibility of outcomes reporting, AB 524 CHOP reports, CABG reports, and future reports that will use clinical and other data. Special studies will be designed, such as the volume and performance relationship on heart attacks done by the staff.

The Outcomes Center staff is looking at the Maternal Outcomes re-admissions, post birth. Patrick Romano, MD, a contractor from UC Davis, is preparing this report for us. The 98/99 data will be out in June of next year. The focus is on structural measures. A consumer brochure will be attached to it.

There are a number of studies in the validation phase, and the hip fracture study that is nearing the end of the validation study period is looking good. Final results will be written up by the end of this year.

The Patient Safety Center is led by Andye Zach. Andye is reviewing recommendations made by the Committee to Advance Patient Safety, Privacy and Care, and determining what the Office can do and in what timeframe. The challenge here is reporting medical errors in patient safety. Until there is some kind of policy in place, it is hard to produce reports. Andye is working with a NASHP (National Association with Statewide Health Policy) task force on patient safety reporting with states that don't have mandatory reporting programs, and ongoing outreach to California organizations and foundations involved in patient safety.

The Healthcare Information Resource Center was previously part of the Healthcare Information Division. HID handles "data in", and Quality and Analysis does the "data out" assignments. The intent is to get data we have out there and into practical use. We have 1998 reports for pilot counties that are now on the OSHPD web site. There are 19 counties completed, with the remainder finished by the end of the year. HIRC averages 120 call/e-mail contacts per week.

CALICO (California Intensive Care Outcomes Project) Hospitals have a wide variation of thresholds for admission to an ICU. This is a huge risk adjustment challenge. Only 14 hospitals are currently participating in the project, however the Office is trying to get more hospitals involved especially public and teaching

hospitals. The target date for reporting is late 2002. CALICO is a voluntary project. The nursing shortage has contributed to the problem of gathering data for the study.

Dr. Solomon has been working on a strategic plan for the outcomes studies, encouraged by the Technical Advisory Committee and Dr. Carlisle, with serious discussions about the AB 524 mandate, SB 680, recently signed into law, budgetary limitations, and the ever-changing environment of healthcare. A draft of the strategic plan was sent to Commissioners prior to today's meeting.

- Scope of work – includes all activities in the Healthcare Outcomes Center, administrative reports, and clinical reports, excluding the Patient Safety Center. Phase I will include the goals and preliminary objectives; Phase II will include objectives refinement and action planning.

- Guiding Assumptions - current statutory requirements AB524 and SB680 as the law, acknowledges that requirements are unrealistic because of seriously limited resources. There was a desire to have a mix of institution building goals, internal goals, and programmatic goals, and still be able to optimize the number of goals.

- Purpose Statement – was developed and applied SWOT (strengths, weaknesses, opportunities, and threats), and based our goals and objectives. Phase II will be refining these objectives and moving forward. The executive office has had many discussions about this living document.

Draft Purpose Statement "Provide timely, reliable, actionable and fair information on health care quality that promotes an accountable, continuously improving health care system for all California by empowering patients, purchasers, clinicians, and policy makers to make informed choices."

Goal #1 – Produce timely, accurate reports that strive to meet the statutory schedule

Goal #2 – Extend inpatient analysis beyond condition–specific mortality

Goal #3 – Report on quality at different levels of the delivery system: physicians, outpatient facilities, and health plans

Goal #4 – Develop targeted dissemination strategies; improve salience of data for decision-making

Goal #5 – Build, disseminate knowledge on what providers can do to improve outcomes

Goal #6 – Identify disparities in access, utilization and outcomes; work to close the gap

Update on September 24, 2001 TAC Meeting – Jerry Royer, M.D., Ph.D. Discussion Points:

- There is a need to produce information for consumers which will help make the California market work better. What risks does the State's role have in that process? Should we be looking at primary care, and look at, or survey the practices of physicians?

- The outcomes studies using administrative data limit a more coordinated focus on an episode of illness. Rather than looking for additional disease entities or procedures, perhaps we should consider grouping some of them. The difficulty we had 5 or 6 years ago when doing this is finding the criteria for selecting what we would look at if we were to group or aggregate 12 or 15 conditions into one global report. Would this be acceptable to meet the requirement of the legislative mandate? It would be a multi-condition index with an overall condition-specific mortality rate, and adjusted death rate for each hospital. Another thought is that we might provide the data and instruction methodology and consumers could then rely on evaluative reports by other entities. There is an interest in moving away from the traditional outcomes single diagnosis model to something that is more comprehensive.

- In discussing what is actionable, there is concern that there have been few assessments of how our reports have had traction. We looked at different ways that information might be available and helpful to consumers, such as a web site where a consumer can research the best hospital care results for the type of care needed, like cancer or maternal care.

- Referral patterns – question how we empower a physician and the health plan when they contract, and adding process measures.

- The consensus of TAC was the hospital comparative data to date does not make a difference to consumers or providers.

- AMI focus is on the providers

- TAC has not resolved the issue of the term "actionable" or if as a state agency do we take an active or passive role, in interpreting information for the public and clinicians.

Consensus of TAC was that the goals may be too numerous, with three of four goals being optimal.

Report on E21 – Loel Solomon, Ph.D.

Based on market assessment and other data presented, it was suggested that there were five possible scenarios for the HIRC focus that would make it more effective.

1. Improve existing operations
2. Expand a consultant house roll and add value to the data
3. Become a Quality of Care Expert
4. Form a healthcare policy think-tank
5. Serve as a one-stop shop for consumer health information, having a consumer-friendly web site**.**

Charity Care Report – John Rosskopf, Esq., Chief Legal Counsel

This is the work of the Committee of Quantifying Charity of the Attorney General's task force on charity care.

- Background: The attorney general has been involved for several years in some very visible conversion transactions where non-profit health facilities have converted to for-profit health facilities. The Attorney General has the authority to review and approve, or disapprove of these transactions including the imposition of conditions for both non-profits, and for-profits facilities.

- Dr. Carlisle has chaired 4 meetings between February and August 2001. There was robust discussion of issues by the Committee between the Advocacy Community (Health Access, Consumer's Union and SEIU), and the Providers Community (California Healthcare Association's Alliance of Catholic Healthcare, Scripps, Tenant, Sharp, Sutter, and other healthcare systems).

- A final report was submitted to the Attorney General on October 5, 2001, and made recommendations.

    - There is no uniform system for quantifying the amount of charity care provided by health facilities.
    - The office currently collects a uniform data set of charity care that is revised hospital annual disclosure reports as evidenced by comparison of automated financial statements. The Attorney General's charitable trust division should use these reports to determine how much charity care has historically been provided in addition to other relevant data sources.
    - The Office should continue to work with the provider community, consumer and advocacy groups, and labor organizations to insure that all charity care is reported accurately.

- Acquired a not-for-profit health facility, as a condition of acquisition or conversion should be required to provide for a reasonable period of time historical charity care obligations.

The meeting adjourned at 3 p.m.